

Social Care Assessment and Eligibility (England)

May 2019

Older people must be able to expect full consideration of their individual care and support needs and access to services that will fully meet them.



"My 93 year old neighbour was left 10 days without a care package after a stay in hospital. She relied solely on neighbours to look after her"

Anonymous attendee at Age UK listening events, *Why call it care if nobody cares?*

The Care Act 2014 introduced new standard assessment criteria for local authority funded care and support. The Act replaced the previous locally determined criteria with a national threshold designed to ensure that assessments of eligibility are applied uniformly. However, significant reductions in funding for local authorities and increasing demand have resulted in fewer people being able to access essential services and contributed to 1.4 million older people living with unmet care needs⁴. Local variation and inequalities also continue, with poorer areas less able to raise additional sums from Council Tax to top up Government funding.

People living longer but doing so with complex long-term conditions has increased demand for care support. There was a 1.6 per cent rise in requests for care support between 2015/16 and 2017/18, equivalent to an additional 5,000 requests received per day⁵. This figure alone will not represent the true scale of increased demand as it excludes those who haven't sought a formal assessment, rely on family support, privately funded care or simply go without.

Key statistics

1 in 4

Proportion of the 1.3 million new requests for social care support from older people in 2017/18 that resulted in no services being provided¹

37.8%

Proportion of local authorities' net budgets spent on adult social care²

£8 billion

Estimated funding gap by 2020/21 to restore the level of eligibility for care that existed in 2009/10³

Rights to an assessment

Local authorities are required to carry out an assessment of anyone who appears to require care and support. This should be performed by a council or external agency, free of charge and regardless of a person's means or care needs. However, there is evidence of hard-pressed councils 'rationing' care by failing to provide assessments if they think someone has enough means to pay for themselves⁶.



An individual will be deemed eligible for care if their needs, arising from disability or illness, prevent them from achieving two or more 'outcomes' – everyday activities (for example managing nutrition and hygiene) which if not completed, would have a 'significant' impact on their wellbeing⁷.

In 2017/18, 23 per cent (298,610) of the 1.32 million new requests for social care support from older people resulted in no services being provided⁸. A further 28,170 older claimants died before social care services could be provided⁹. Those who do not meet eligibility criteria or qualify for financial assistance are still entitled to information and advice on how to meet their care and support needs. A further 26 per cent (349,650) of all new requests for support result in the claimant being referred to another service¹⁰. Since 2015/16, the proportion of older claimants being signposted elsewhere or having no services provided has increased nine per cent from 42¹¹ to 51¹² per cent of all requests.

Rising demand, limited provision

Local authorities believe they have been successful in embedding the statutory requirements as well as the 'spirit' of the Care Act 2014 with 81 per cent reporting that the legislation has made a positive difference to their culture and practice¹³. However, these achievements are being undermined by significant funding challenges which have led to gross current expenditure on adult social care falling from £19.2 billion in 2009/10 to £17.9 billion in 2017/18, a real-terms cut of six per cent¹⁴.

Rising demand coupled with flatlining public spending is impacting on councils' abilities to provide care to the required level. 28 per cent of local authorities reported that they were less than confident that personal budgets and services will be able to meet eligible needs¹⁵. Councils have sought to achieve savings through the development of 'asset-based and self-help approaches' to manage demand for formal care services¹⁶. This approach could be regarded as consistent with the Care Act's wellbeing principles and a more holistic, personalised view of support. However, it is hard to divorce decisions from the pressures of increased demand and increasing proportions of budgets spent on care¹⁷.

Falling levels of provision have helped contribute to 1.4 million older people living with unmet care needs¹⁸ of whom 164,217 receive no help whatsoever from paid carers, family members or friends¹⁹. Taking into account other necessary tasks such as shopping, cooking or managing medication, the numbers of older people who don't get the help they need rises to nearly 1.6 million people²⁰. Among this group over half (56 per cent) didn't get any help at all. These figures exemplify that within the subjective framework of the Care Act, the definition of eligible needs has become increasingly limited to delivering only the most essential personal care.

The assessment process

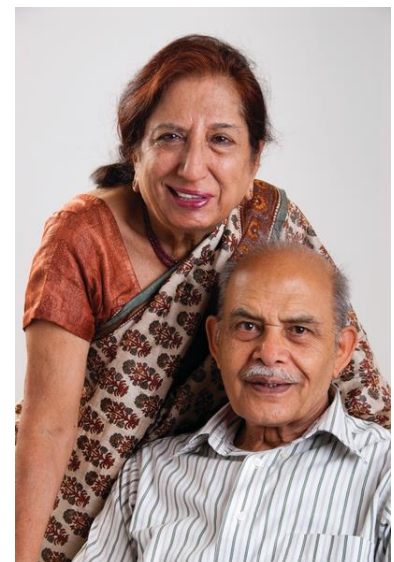
Whilst the Care Act provides a framework for what constitutes eligible need, it does not define how those needs should be met or what an appropriate care package would be²¹. The Care Act's statutory guidance states that councils 'should not set arbitrary upper limits on the costs it is willing to pay to meet needs through certain routes'²². When a council does set limits on the extent to which it is prepared to fund care packages, they must provide a clear legal basis for doing so. Social workers have reported concerns that funding panels where care packages are approved are being used to prioritise cost savings over people's needs.

It is often family members who face the consequences of reduced access to publically funded social care. The Care Act requires eligibility assessments to be 'carer blind' with needs assessed regardless of the support available from a carer²³. However, in practice, the allocation of resources is strongly determined by the level of informal support as well as their living arrangements²⁴. Whilst local authorities have a duty to provide Carer's Assessments, care packages are often devised without due consideration of the ability and willingness of family members to provide what can be intensive levels of support.

Public concern about retreating levels of support has contributed to a 140 per cent rise in complaints to the Local Government and Social Care Ombudsman in the eight years since 2010²⁵. Complaints over how councils arrange care are by far the single largest area of concern²⁶. 61 per cent of investigations about assessment and care planning were upheld²⁷. There is little scope to challenge decisions if they are judged to be within the correct framework and be a reflection of the professional judgement of the assessor. This gives little recourse to individuals who have had their care packages reduced, apart from going to the Ombudsman, a lengthy process.

'The view within the council is that only 20% of all those assessed should be receiving formalised care packages and 80% should only receive information and advice.'

*Anonymous social worker,
Care and Support Alliance,
Social Workers speak out
about the state of care today*



The cost of reform

It is estimated that by 2020/21, it would cost an additional £8 billion to increase eligibility to the level it was in 2009/10²⁸. This huge cost shows the scale of increased demand and the extent to which services have been rolled back over the last decade.

Passing the Care Act was a significant achievement which was supposed to herald a new dawn for further social care reform. However, it is now clear that despite the duties it places on local authorities, rising demand and real terms budget cuts mean it is increasingly difficult to realise its aims. Indeed, between 2009/10 and 2015/16, there was a 25 per cent fall in the numbers of older people (400,000 fewer older people), who were able to access publically funded social care²⁹. Reductions in care may lead to greater dependence on healthcare services, which cost the public purse more than community care. Older people and their families face the dehumanising impact of a system which is not there for them when they need it most.

Public Policy Proposals

- There is currently no duty for local authorities to monitor whether the needs of their residents are being met in line with the Care Act. The Care Quality Commission (CQC) should be granted powers to monitor standards of assessment as well as eligibility decisions taken by local authorities
- Care recipients and their carers need a clear understanding of the extent to which care packages will be funded and how this was decided. Decisions made by funding panels should be completely transparent and open to appeal
- Requirements for assessments to be 'carer blind' need to be enforced by the CQC. Consideration of how the capabilities of a person and their families or communities can contribute to meeting care and support needs is welcome. However the existence of such resources should not become a basis for assuming that the person does not have needs
- People who would be unable to participate in assessments or subsequent decisions about their care are entitled to advocacy, but this is not properly funded. Funding should be improved, and include support for anyone to challenge practices that do not appear compliant with legislation
- Local authority duties to provide information and advice to people who do not qualify for local authority support must also be properly funded
- The Care Act includes powers to transfer responsibility for assessment to independent agencies, however the ultimate duty to meet an individual's needs must remain unequivocally with the local authority

Want to find out more?

Age UK has agreed policy positions on a wide range of public policy issues. Our policies cover money matters, health and wellbeing, care and support, housing and communities. There are also some crosscutting themes, such as age equality and human rights, age-friendly government and information and advice

Further information

You can read our policy positions here;

[www.ageuk.org.uk/our-](http://www.ageuk.org.uk/our-impact/policy-research/policypositions/)

[impact/policy-](http://www.ageuk.org.uk/our-impact/policy-research/policypositions/)

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Individuals can contact us for information or advice here;

www.ageuk.org.uk/informationadvice/ or

call us on 0800 169 8787

Other relevant policy positions: *Social Care Reform and Funding, Carers, Care Homes*

¹<https://files.digital.nhs.uk/4F/11BD6D/SALT%20and%20ASCFR%20Reference%20Tables%20%28Suppressed%29%20v2.xlsx>

²<https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf>

³<https://www.kingsfund.org.uk/sites/default/files/2018-05/A-fork-in-the-road-next-steps-for-social-care-funding-reform-May-2018.pdf>

⁴<https://www.ageuk.org.uk/latest-press/articles/2018/july-2018/new-analysis-shows-number-of-older-people-with-unmet-care-needs-soars-to-record-high/>

⁵<https://files.digital.nhs.uk/35/6A192B/Activity%20and%20Finance%20Report%20201718.pdf>

⁶<https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2016-05/Care%20Act%20Information%20and%20Advice%20Research%20Report.pdf>

⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

⁸<https://files.digital.nhs.uk/4F/11BD6D/SALT%20and%20ASCFR%20Reference%20Tables%20%28Suppressed%29%20v2.xlsx>

⁹<https://files.digital.nhs.uk/4F/11BD6D/SALT%20and%20ASCFR%20Reference%20Tables%20%28Suppressed%29%20v2.xlsx>

¹⁰<https://files.digital.nhs.uk/4F/11BD6D/SALT%20and%20ASCFR%20Reference%20Tables%20%28Suppressed%29%20v2.xlsx>

¹¹<https://files.digital.nhs.uk/publicationimport/pub21xxx/pub21934/comm-care-stat-act-eng-2015-16-nat-eng.xlsx>

¹²<https://files.digital.nhs.uk/4F/11BD6D/SALT%20and%20ASCFR%20Reference%20Tables%20%28Suppressed%29%20v2.xlsx>

¹³<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/care-and-support-reform/stocktake> (membership required)

¹⁴<https://files.digital.nhs.uk/4F/11BD6D/SALT%20and%20ASCFR%20Reference%20Tables%20%28Suppressed%29%20v2.xlsx>

¹⁵<https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf>

¹⁶<https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf>

¹⁷<https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf>

¹⁸<https://www.ageuk.org.uk/latest-press/articles/2018/july-2018/new-analysis-shows-number-of-older-people-with-unmet-care-needs-soars-to-record-high/>

¹⁹<https://www.ageuk.org.uk/latest-press/articles/2018/july-2018/new-analysis-shows-number-of-older-people-with-unmet-care-needs-soars-to-record-high/>

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- ²⁰ <https://www.ageuk.org.uk/latest-press/articles/2018/july-2018/new-analysis-shows-number-of-older-people-with-unmet-care-needs-soars-to-record-high/>
- ²¹ <https://www.pssru.ac.uk/pub/5425.pdf>
- ²² <https://www.communitycare.co.uk/2016/04/01/one-year-care-act-achieved/>
- ²³ <https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/eligibility-determination.asp>
- ²⁴ http://eprints.lse.ac.uk/64773/1/_lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_PSSRU_Discussion%20Papers_DP2905.pdf
- ²⁵ <https://www.hrw.org/report/2019/01/09/unmet-needs/improper-social-care-assessments-older-people-england>
- ²⁶ <https://www.lgo.org.uk/assets/attach/4467/ASC%20Review%20FINAL.pdf>
- ²⁷ <https://www.lgo.org.uk/assets/attach/4467/ASC%20Review%20FINAL.pdf>
- ²⁸ <https://www.kingsfund.org.uk/sites/default/files/2018-05/A-fork-in-the-road-next-steps-for-social-care-funding-reform-May-2018.pdf>
- ²⁹ <https://www.kingsfund.org.uk/sites/default/files/2018-05/A-fork-in-the-road-next-steps-for-social-care-funding-reform-May-2018.pdf>